## Registration Form — Health Professionals Alabama Medicaid Agency Town Hall Meetings — 2006

| Participant Type:      | Physician  | Pharmacist             | _ Nurse            |
|------------------------|--|------------------------|--------------------|
|                        | Social Worker  |                        |                    |
| All sessions will be h | neld from 6 p.m. to 8 p.m.   | Registration/Reception | n begins at 5 p.m. |
| Location/Time:         | Anniston – Thursday, May 11 <sup>th</sup> (Ayers Campus – GSCC) Birmingham – Wednesday, May 17 <sup>th</sup> (Sheraton BJCC) Dothan – Tuesday, May 30 <sup>th</sup> (Southeast Ala. Med. Ctr.) Gadsden – Wednesday, May 10 <sup>th</sup> (Gadsden Reg. Med. Ctr) Huntsville – Tuesday, May 9 <sup>th</sup> (Dowdle Center) Mobile – Tuesday, May 23 <sup>rd</sup> (Springhill Baptist Activ. Ctr) Montgomery, Thursday, June 1 <sup>st</sup> (Vaughn Pk Church of Christ) Opelika – Wednesday, May 31 <sup>st</sup> (Sou. Union Com. Col) Selma – Thursday, May 25 <sup>th</sup> (Wallace Community College) Tuscaloosa – Tuesday, May 16 <sup>th</sup> (University Med. Ctr.) |                        |                    |
| Name                   |  | Title (M               | D, RN, etc.)       |
| Mailing Address        |  | S                      | uite               |
| City                   | State  | Zip                    |                    |
| Phone () _             | Fa   | x ()                   |                    |
| Email                  |  |                        |                    |
| Are you interested i   | n continuing education cr  | Nursing (              | Contact Hours      |
| Fax this form to:      | (334) 353-4193   | Pharmacy<br>Other      |                    |
| Mail this form to:     | Alabama Medicaid Agency - Outreach and Education,<br>PO Box 5624, Montgomery, AL 36103-5624  |                        |                    |
|                        | Questions? Call (334)  | 353-5203 for assistar  | nce                |